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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5135

SERIAL NUMBER 10/813,209	FILING DATE 03/29/2004  RULE	CLASS 604	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. GTI 1360-3
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

YES LMF

This application is a CON of 10/339,708 01/08/2003  
 which is a CIP of 09/567,404 05/08/2000 PAT 6,520,950  
 which claims benefit of 60/133,265 05/10/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NO LMT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/18/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials LMF	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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## TITLE

DEVICES FOR NEEDLE-FREE INJECTION AND ELECTROPORATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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